

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	E.H.		07-05-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SM	308341	8/22/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 ÷ Restricted
 N Non-Elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	8/22/01
2	8/22/01
3	8/22/01
4	8/22/01
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50	8/22/01

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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10-00-00
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